

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/049421**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		3		1			54					
5		0					55					
6	1						56					
7	1						57					
8		1					58					
9		2		1			59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
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18							68					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	↓		3	↓		↓	TOTAL IND.	↓		↓	↓	↓
TOTAL DEP.		↓	4	↓		↓	TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS			9				TOTAL CLAIMS					

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